

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

Southern District of Indiana

Case number (*If known*): \_\_\_\_\_

Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an  
amended filing

**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Gary

First name

Lawrence

Middle name

Brackett

Last name

Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx - xx - 7 9 3 7

OR

9 xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9 xx - xx - \_\_\_\_\_

Debtor 1 Gary Lawrence Brackett  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

<b>About Debtor 1:</b>		<b>About Debtor 2 (Spouse Only in a Joint Case):</b>
<b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b> Include trade names and <i>doing business as</i> names		<input checked="" type="checkbox"/> I have not used any business names or EINs.  Business name _____  Business name _____  EIN _____  _____  EIN _____
<b>5. Where you live</b>  2583 Manigault Street Number      Street _____ _____ Carmel                          IN      46032 City                                State      ZIP Code Hamilton County County		<b>If Debtor 2 lives at a different address:</b>  Number      Street _____ _____ City                                State      ZIP Code County
<b>If your mailing address is different from the one above, fill it in here.</b> Note that the court will send any notices to you at this mailing address.  Number      Street _____ P.O. Box _____ City                                State      ZIP Code		<b>If Debtor 2's mailing address is different from yours, fill it in here.</b> Note that the court will send any notices to this mailing address.  Number      Street _____ P.O. Box _____ City                                State      ZIP Code
<b>6. Why you are choosing <i>this district</i> to file for bankruptcy</b> <i>Check one:</i> <input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)		<i>Check one:</i> <input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. <input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Gary Lawrence Brackett  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

<b>7. The chapter of the Bankruptcy Code you are choosing to file under</b>	<i>Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.</i> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13
<b>8. How you will pay the fee</b>	
<input checked="" type="checkbox"/> <b>I will pay the entire fee when I file my petition.</b> Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.	
<input type="checkbox"/> <b>I need to pay the fee in installments.</b> If you choose this option, sign and attach the <i>Application for Individuals to Pay The Filing Fee in Installments</i> (Official Form 103A).	
<input type="checkbox"/> <b>I request that my fee be waived</b> (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.	
<b>9. Have you filed for bankruptcy within the last 8 years?</b>	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. District _____ When _____ Case number _____	
District _____ When _____ Case number _____	
District _____ When _____ Case number _____	
<b>10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?</b>	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes.	
Debtor _____ Relationship to you _____	
District _____ When _____ Case number, if known _____	
Debtor _____ Relationship to you _____	
District _____ When _____ Case number, if known _____	
<b>11. Do you rent your residence?</b>	
<input type="checkbox"/> No. Go to line 12.	
<input checked="" type="checkbox"/> Yes. Has your landlord obtained an eviction judgment against you?	
<input type="checkbox"/> No. Go to line 12.	
<input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.	

Debtor 1 **Gary Lawrence Brackett**  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchatper V of Chapter 11.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

 No Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Debtor 1

Gary Lawrence Brackett

First Name

Middle Name

Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Gary Lawrence Brackett  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

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**17. Are you filing under Chapter 7?**

- No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

**19. How much do you estimate your assets to be worth?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Gary Lawrence Brackett

Signature of Debtor 1

Executed on 08/19/2021

MM / DD / YYYY



Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1 Gary Lawrence Brackett  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one****If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ John Allman

Signature of Attorney for Debtor

Date

08/19/2021

MM / DD / YYYY

John Allman

Printed name

Hester Baker Krebs LLC

Firm name

One Indiana Sq

Number Street

Suite 1330

Indianapolis

IN

46204

City

State

ZIP Code

Contact phone 317-833-3030

Email address jallman@hbkfir.com

29605-49

IN

Bar number

State

**Fill in this information to identify your case:**

Debtor 1	Gary Lawrence Brackett		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Indiana			
Case number (If known)			

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

<b>Your assets</b>	
Value of what you own	
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$ <u>2,000,134.55</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<u>\$ 2,000,134.55</u>

**Part 2: Summarize Your Liabilities**

<b>Your liabilities</b>	
Amount you owe	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$ <u>6,413.17</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<u>+ \$ 5,743,790.55</u>
	<b>Your total liabilities</b>
	<u>\$ 5,750,203.72</u>

**Part 3: Summarize Your Income and Expenses**

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>4,670.10</u>
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>8,137.00</u>

Debtor 1

Gary Brackett

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ \_\_\_\_\_

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$ 0.00

**Fill in this information to identify your case and this filing:**

Debtor 1     Gary Lawrence Brackett  
 First Name      Middle Name      Last Name

Debtor 2  
 (Spouse, if filing)     First Name      Middle Name      Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number \_\_\_\_\_  
 (if known)

Check if this is  
 an amended  
 filing

**Official Form 106A/B****Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2  
 Yes. Where is the property?

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

3.1 Make:BMW \_\_\_\_\_

Model:750LI \_\_\_\_\_

Year: 2013

Approximate mileage: 102,000

Other information:

Condition:Value is per attached appraisal by Fife Real Estate & Auction Service; Vehicle is in the shop and needs \$2,500 in repairs;

**Who has an interest in the property?** Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
\$ 10,000.00	\$ 10,000.00

3.2 Make:Chevrolet \_\_\_\_\_

Model:Suburban \_\_\_\_\_

Year: 2011

Approximate mileage: 118,000

Other information:

Condition:Value is per attached appraisal by Fife Real Estate & Auction Service; vehicle has a salvage title;

**Who has an interest in the property?** Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
\$ 5,000.00	\$ 5,000.00

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....>

\$ 15,000.00

**Part 3: Describe Your Personal and Household Items**

Debtor 1 Gary Lawrence Brackett  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?****6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

- No  
 Yes. Describe...

Household Goods and Furnishings  
 (includes 5 TVs and ping pong table)  
 (value per attached appraisal by Fife Real Estate & Auction Service)

\$ 5,000.00**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No  
 Yes. Describe...

2 sound bars; desktop computer; laptop computer; iPad

\$ 6,500.00**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No  
 Yes. Describe...

8 signed NFL jerseys

\$ 1,000.00**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No  
 Yes. Describe...

Weight Room Equipment, Peloton, dumbbells, boxing equipment, golf clubs  
 (value per attached appraisal by Fife Real Estate & Auction Service, plus \$1,000 for the Peloton and golf clubs)

\$ 4,200.00**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- No  
 Yes. Describe...

9mm handgun

\$ 250.00**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No  
 Yes. Describe...

Clothing

\$ 2,000.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver

- No  
 Yes. Describe...

Gucci Digital Work Out Watch (non-functioning) (\$50); Jorg Gray watch with black case and dial (\$25); Dolce & Gabbana Square Steel Watch (non-functioning) (\$0); AFC Championship Ring, 14K yellow gold, diamond and sapphire ring (\$3,000); Super Bowl Championship ring, 14K white gold, diamond and synthetic sapphire ring - ring has several stones missing and the sapphire is chipped (\$12,000); Blum Lux Prince Quattro Quartz Watch (non-functioning due to screw stuck in case back) (\$0)

\$ 15,075.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses

- No  
 Yes. Describe...

**14. Any other personal and household items you did not already list, including any health aids you did not list**

- No  
 Yes. Give specific information...

Debtor 1 Gary Lawrence Brackett  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here..... ➤ \$ 34,025.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes..... Cash ..... \$ 150.00

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each.

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes.....	Institution name:	
17.1. Checking account:	JPMorgan Chase Bank, N.A. (ending in 0940)	\$ 55.28
17.2. Other financial account:	Venmo	\$ 0.00
17.3. Other financial account:	PayPal	\$ 0.00
17.4. Other financial account:	Gene Upshaw NFL Player Health Reimbursement Account Plan with ERISA spendthrift provisions	\$ 106,749.00

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:	% of ownership:	
GLB 1, LLC	100 %	\$ Unknown
Stacked Pickle Franchising, LLC	100 %	\$ 0.00
SPSP, LLC	70 %	\$ 0.00
Ridgewood Energy Z Fund, LLC	1 %	\$ Unknown
Ridgewood Energy A-1 Fund, LLC	1 %	\$ Unknown
Brackett Production, LLC	100 %	\$ 0.00
Prop 58, LLC	100 %	\$ 0.00
Char Blue, LLC	100 %	\$ 0.00
Vrsus Holdings, LLC	7 %	\$ 0.00
SP Dayton, LLC	70 %	\$ 0.00
Brackett Restaurant Group, LLC	100 %	\$ 0.00

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  
 Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them.....

Debtor 1 Gary Lawrence Brackett  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately

Type of account      Institution name

401(k) or similar plan: NFL Player Benefits with ERISA spendthrift provisions      \$ 1,044,115.00Pension plan: Bert Belle/Pete Rozelle NFL Player Retirement Plan      \$ 0.00**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.....      Institution name or individual:Other      Applied Bank (pre-paid credit card)      \$ 90.27**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description:

NFL Player Annuity Program (tax-qualified account) with ERISA spendthrift provisions      \$ 670,471.00NFL Player Annuity Program (non-qualified account) with ERISA spendthrift provisions      \$ 127,629.00**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years...

2020 Tax Return on extension, 2020 Tax Return on extension	Federal: \$ <u>Unknown</u>
	State: \$ <u>Unknown</u>
	Local: \$ <u>0.00</u>

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information....

Debtor 1 Gary Lawrence Brackett  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- No  
 Yes. Give specific information....

**31. Interests in insurance policies**

- No  
 Yes. Name the insurance company of each policy and list its value....

**32. Any interest in property that is due you from someone who has died**

- No  
 Yes. Give specific information....

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

- No  
 Yes. Give specific information....

Potential cause of action against former financial planner	\$ <u>Unknown</u>
--	-------------------

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- No  
 Yes. Give specific information....

**35. Any financial assets you did not already list**

- No  
 Yes. Give specific information....

36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....>

\$ <u>1,949,259.55</u>
------------------------

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.  
 Yes. Go to line 38.

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

- No  
 Yes. Describe...

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- No  
 Yes. Describe...

2 desks; 2 speakers; PC; 2 monitors; TV; Chair; Audio Equipment; Video Equipment (value per attached appraisal by Fife Real Estate & Auction Service)	\$ <u>1,850.00</u>
---	--------------------

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

- No  
 Yes. Describe...

**41. Inventory**

- No  
 Yes. Describe...

**42. Interests in partnerships or joint ventures**

- No  
 Yes. Describe.....

**43. Customer lists, mailing lists, or other compilations**

- No  
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

Debtor 1 Gary Lawrence Brackett  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

## 44. Any business-related property you did not already list

- No  
 Yes. Give specific information .....

45. Add the dollar value of the portion you own for all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....&gt;

\$1,850.00

**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.****Part 6:** If you own or have an interest in farmland, list it in Part 1.

## 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No  
 Yes. Give specific information...

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2.....&gt;

\$0.00

56. Part 2: Total vehicles, line 5 \$ 15,000.0057. Part 3: Total personal and household items, line 15 \$ 34,025.0058. Part 4: Total financial assets, line 36 \$ 1,949,259.5559. Part 5: Total business-related property, line 45 \$ 1,850.0060. Part 6: Total farm- and fishing-related property, line 52 \$ 0.0061. Part 7: Total other property not listed, line 54 + \$ 0.0062. Total personal property. Add lines 56 through 61 .....\$ 2,000,134.55

Copy personal property total&gt;

+\$ 2,000,134.5563. Total of all property on Schedule A/B. Add line 55 + line 62 \$ 2,000,134.55\$ 2,000,134.55

**Gary Brackett  
2583 Manigault Street  
Carmel, IN 46032**

**Personal Property**

**living room**

L-shape couch/bookshelf/plastic tub/TV	\$	390.00
trash container/credenza	\$	390.00

**dining area**

table/(6) chairs/TV	\$	610.00
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**family room**

L-shape couch/ottoman/TV/bookshelf	\$	525.00
wall hangings/foot massager	\$	525.00

**kitchen**

(3) bar chairs/glassware/utensils/dishes	\$	225.00
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**eating area**

table/(6) chairs/sweeper	\$	470.00
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**lower level**

family room	\$	560.00
ping pong table/(4) chairs/couch	\$	560.00
wall hangings/(4 ottomans/stool/TV	\$	560.00

**closet**

luggage	\$	60.00
---------	----	-------

**bedroom**

Q-bed	\$	100.00
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**2nd floor**

sitting area	\$	395.00
(2) 4 drawer files/(3) drawer file/(2) child desks	\$	395.00
book shelf/ foot massager/chair/shelf/fan	\$	395.00

**master bedroom**

dressing mirror/(2) night stands/K-bed/TV	\$	915.00
(2) dressers/light ring/wall hangings/lamp/fan	\$	915.00

bedroom	
bunk-beds/dresser	465.00

bedroom	
Q-bed/dresser/night stand	<u>285.00</u>

<b>Total</b>	\$ 5,000.00
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2013 BMW 750LI 95,412 miles good tires VIN: WBAYF*C52DD139856 needs repairs	\$ 10,000.00
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2011 Suburban 111,848 miles good tires VIN: 1GNSKJE39BR399234	\$ 5,000.00
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**4287 W. 96th Street**

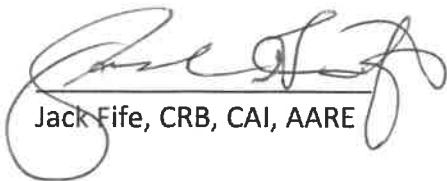
studio	
(2) desks/(2) speakers/PC/ (2) monitors/TV chair/audio equipment/video equipment	1,850.00

weight room	
( sets free weights/bench/Smith machine hoist/punching bag/wall hangings push-pull up machine/boxing glover	<u>3,200.00</u>

<b>Total</b>	\$ 4,550.00
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<b>Grand Total</b>	<u>\$ 24,550.00</u>
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August 3, 2020



Jack Fife, CRB, CAI, AARE

Fife Real Estate & Auction Service  
4061 N. Meridian Street  
Indianapolis, IN 46208  
317.251.9402

**Fill in this information to identify your case:**

Debtor 1	Gary Lawrence Brackett		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Indiana			
Case number (if known)			

Check if this is an amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 2013 BMW 750Li	\$ 10,000.00	<input checked="" type="checkbox"/> \$ 3,586.83 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Line from <i>Schedule A/B</i> : 3.1 Brief description: 2011 Chevrolet Suburban	\$ 5,000.00	<input checked="" type="checkbox"/> \$ 163.17 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Brief description: Household goods - Household Goods and Furnishings (includes 5 TVs and ping pong table) (value per attached appraisal by Fife Real Estate & Line from Auction Service) <i>Schedule A/B</i> : 6	\$ 5,000.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)

**3. Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor

Gary Lawrence Brackett

First Name Middle Name

Last Name

Case number (if known)

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Electronics - 2 sound bars; desktop computer; laptop computer; iPad	\$ 6,500.00	<input checked="" type="checkbox"/> \$ 6,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Line from Schedule A/B: 7 Brief description: Collectibles of value - 8 signed NFL jerseys	\$ 1,000.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Line from Schedule A/B: 8 Brief description: Sports and hobby equipment - Weight Room Equipment, Peloton, dumbbells, boxing equipment, golf clubs (value per attached appraisal by Fife Real Estate & Auction Service, plus \$1,000 for the Peloton and golf clubs)	\$ 4,200.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Line from Schedule A/B: 9 Brief description: Firearms - 9mm handgun	\$ 250.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Line from Schedule A/B: 10 Brief description: Clothing - Clothing	\$ 2,000.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Line from Schedule A/B: 11 Brief description: Jewelry - Gucci Digital Work Out Watch (non-functioning) (\$50); Jorg Gray watch with black case and dial (\$25); Dolce & Gabbana Square Steel Watch (non-functioning) (\$0); AFC Championship Ring, 14K yellow gold, diamond and sapphire ring (\$3,000); Super Bowl Championship Ring, 14K white gold, diamond and synthetic sapphire ring	\$ 15,075.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Line from Schedule A/B: 12 Brief description: Cash on Hand (Cash On Hand)	\$ 150.00	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(3)
Line from Schedule A/B: 16 Brief description: JPMorgan Chase Bank, N.A. (ending in 0940) (Checking)	\$ 55.28	<input checked="" type="checkbox"/> \$ 55.28 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(3)
Line from Schedule A/B: 17.1 Brief description: Venmo (Other)	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(3)
Line from Schedule A/B: 17.2 Brief description: PayPal (Other)	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(3)
Line from Schedule A/B: 17.3 Brief description: Gene Upshaw NFL Player Health Reimbursement Account Plan with ERISA spendthrift provisions (Other)	\$ 106,749.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(7); Ind. Code Ann. § 34-55-10-2 (c)(8)
Line from Schedule A/B: 17.4 Brief description: NFL Player Benefits with ERISA spendthrift provisions	\$ 1,044,115.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(6)
Line from Schedule A/B: 21			

Debtor

Gary Lawrence Brackett

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Bert Belle/Pete Rozelle NFL Player Retirement Plan Brief description: Line from Schedule A/B: 21	\$ 0.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(6)
Applied Bank (pre-paid credit card) (Security Deposits) Brief description: Line from Schedule A/B: 22	\$ 90.27	<input checked="" type="checkbox"/> \$ 90.27 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(3)
NFL Player Annuity Program (tax-qualified account) with ERISA spendthrift provisions Brief description: Line from Schedule A/B: 23	\$ 670,471.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(6)
NFL Player Annuity Program (non-qualified account) with ERISA spendthrift provisions Brief description: Line from Schedule A/B:	\$ 127,629.00	<input checked="" type="checkbox"/> \$ 127,629.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(6)
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**Fill in this information to identify your case:**

Debtor 1	Gary Lawrence Brackett		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Indiana			
Case number (if known) _____			<input type="checkbox"/> Check if this is an amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Describe the property that secures the claim:	<u>\$ 6,413.17</u>	<u>\$ 10,000.00</u>	<u>\$ 0.00</u>
The Huntington National Bank Creditor's Name  P.O. Box 5065 Number Street Cleveland OH 44101 City State ZIP Code	2013 BMW 750LI - \$10,000.00			
<b>Who owes the debt?</b> Check one.	<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p>			
Date debt was incurred <u>06/27/2016</u>	Last 4 digits of account number 3405			
Add the dollar value of your entries in Column A on this page. Write that number here: <u><b>\$ 6,413.17</b></u>				

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**Fill in this information to identify your case:**

Debtor 1 Gary Lawrence Brackett  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Debtor 2  
 (Spouse, if filing) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

United States Bankruptcy Court for the: Southern District of Indiana

Case number \_\_\_\_\_  
 (if known)

Check if this is  
 an amended  
 filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- No. Go to Part 2.  
 Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$ Unknown	\$ Unknown	\$ Unknown
Indiana Dept. of Revenue Priority Creditor's Name	Last 4 digits of account number When was the debt incurred? _____ through Petition Date		
Bankruptcy Section, N-240 Number Street 100 N. Senate Avenue	As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Indianapolis IN 46204-0000 City State ZIP Code	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.2	<p><u>Indiana Dept. of Workforce Development</u> Priority Creditor's Name</p> <p><u>10 N. Senate Avenue</u> Number Street</p> <p><u>Room SE106</u></p> <p><u>Indianapolis IN 46204-2277</u> City State ZIP Code</p>	<p>Last 4 digits of account number <u> </u> \$ <u>Unknown</u> \$ <u>Unknown</u> \$ <u>Unknown</u></p> <p>When was the debt incurred? <u>through Petition Date</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>
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<b>Part 1: Your PRIORITY Unsecured Claims – Continuation Page</b>		<b>Total claim</b>	<b>Priority amount</b>	<b>Nonpriority amount</b>	
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.					
2.3	<p><b>Internal Revenue Service</b> Priority Creditor's Name <u>P.O. Box 7346</u> Number Street <u>Philadelphia PA 19101-7346</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>When was the debt incurred? through Petition Date</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p>	\$ <u>Unknown</u>	\$ <u>Unknown</u>	\$ <u>Unknown</u>
2.4	<p><b>Ohio Department of Taxation</b> Priority Creditor's Name <u>P.O. Box 1090</u> Number Street <u>Columbus OH 43216-1090</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>When was the debt incurred? through Petition Date</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p>	\$ <u>Unknown</u>	\$ <u>Unknown</u>	\$ <u>Unknown</u>
2.5	<p><b>Ohio Dept. of Job &amp; Family Services</b> Priority Creditor's Name <u>P.O. Box 1618</u> Number Street <u>Columbus OH 43216-1618</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>When was the debt incurred?</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p>	\$ <u>Unknown</u>	\$ <u>Unknown</u>	\$ <u>Unknown</u>

2.6	<p>Ragan Brackett Priority Creditor's Name</p> <p>6841 Fox Lake Dr. S. Number Street</p> <p>Indianapolis IN 46278 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u> \$ <u>Unknown</u> \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Domestic support obligations  <input type="checkbox"/> Taxes and certain other debts you owe the government  <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  <input type="checkbox"/> Other. Specify _____</p>
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**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No.** You have nothing else to report in this part. Submit to the court with your other schedules.  
 **Yes.** Fill in all of the information below.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Total claim	
4.1	<p>516 Northwestern Associates, LP Nonpriority Creditor's Name</p> <p>Purdue Research Foundation Number Street</p> <p>1281 Win Hentschel Blvd. West Lafayette IN 47906 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.2	<p>Acorn Distribution Nonpriority Creditor's Name</p> <p>5820 Fortune Circle W. Dr. Number Street</p> <p>Indianapolis IN 46241 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>

4.3	<p><b>ADT Security Service</b> Nonpriority Creditor's Name  P.O. Box 371878 Number Street Pittsburgh PA 15250 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.4	<p><b>Airgas National Carbonagtion</b> Nonpriority Creditor's Name  P.O. Box 734673 Number Street Dallas TX 75373 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.5	<p><b>Aqua System</b> Nonpriority Creditor's Name  7785 E. US Highway 36 Number Street Avon IN 46123 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>

4.6	<p><b>Aramark Linen</b> Nonpriority Creditor's Name <u>2050 W. Oliver Avenue</u> Number Street <u>Indianapolis IN 46221</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	<b>\$ Unknown</b>
4.7	<p><b>ASCAP</b> Nonpriority Creditor's Name <u>21678 Network Place</u> Number Street <u>Chicago IL 60673</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	<b>\$ Unknown</b>
4.8	<p><b>Ascentium Capital, LLC</b> Nonpriority Creditor's Name <u>23970 Highway 59N</u> Number Street <u>Kingwood TX 77339-0000</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Guaranty</p>	<b>\$ Unknown</b>

4.9	<p><b>AT&amp;T</b> Nonpriority Creditor's Name P.O. Box 5014 Number Street Carol Stream IL 60197 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.10	<p><b>Avenue Student</b> Nonpriority Creditor's Name The Preiss Company Number Street 1700 Hillsborough St.  Raleigh NC 27605 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.11	<p><b>Barclays / Mastercard Black Card</b> Nonpriority Creditor's Name P.O. Box 8802 Number Street Wilmington DE 19899-8802 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number ending in 1484</b> <b>When was the debt incurred?</b> Jun-20</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ <u>35,673.58</u>

4.12	<p><b>Bradford &amp; Riley</b> Nonpriority Creditor's Name</p> <p>P.O. Box 441189 Number Street Indianapolis IN 46244 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	<b>\$ Unknown</b>
4.13	<p><b>Cardlytics</b> Nonpriority Creditor's Name</p> <p>75 Remittance Dr. Number Street Dept. 3247 Chicago IL 60675-3247 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	<b>\$ Unknown</b>
4.14	<p><b>Cardmember Service</b> Nonpriority Creditor's Name</p> <p>P.O. Box 790408 Number Street Saint Louis MO 63179 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 5570</p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	<b>\$ Unknown</b>

4.15	<p><b>Carter Plumbing</b> Nonpriority Creditor's Name 866 N. State Road 135, Suite A Number Street Greenwood IN 46142 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.16	<p><b>Central Restaurant Products</b> Nonpriority Creditor's Name 7750 Georgetown Road Number Street Indianapolis IN 46268 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.17	<p><b>Christopher J. Long</b> Nonpriority Creditor's Name 15338 Dunrobin Drive Number Street Noblesville IN 46062-0000 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>When was the debt incurred?</b> <u>2014</u> \$ <u>312,555.00</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Promissory Note to former owner of Stacked Pickle</p>

4.18	<p><b>Citizens Energy Group</b> Nonpriority Creditor's Name  P.O. Box 7056 Number Street Indianapolis IN 46207 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.19	<p><b>COCA-COLA North America</b> Nonpriority Creditor's Name  P.O. Box 10273 Number Street Atlanta GA 30368 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.20	<p><b>Comcast</b> Nonpriority Creditor's Name  P.O. Box 70219 Number Street Philadelphia PA 19176 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>



4.24	<p><b>Dayton Power &amp; Light</b> Nonpriority Creditor's Name</p> <p>P.O. Box 740598 Number Street Cincinnati OH 45274 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	<b>\$ Unknown</b>
4.25	<p><b>Deaton's Mechanical</b> Nonpriority Creditor's Name</p> <p>1435 Brookville Way, Suite J Number Street Indianapolis IN 46239 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	<b>\$ Unknown</b>
4.26	<p><b>Department of Housing &amp; Neighborhood Health</b> Nonpriority Creditor's Name</p> <p>c/o Marion County Public Health Dept. Number Street 3838 N. Rural Street  Indianapolis IN 46205 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b> 11/16/2020</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	<b>\$ Unknown</b>

4.27	<p>Dept 3167 Real Page Utility Manager Nonpriority Creditor's Name P.O. Box 2252 Number Street Birmingham AL 35246 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.28	<p>DirecTV Nonpriority Creditor's Name Business Service Center Number Street P.O. Box 410347  Charlotte NC 28241 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.29	<p>Duke Energy Nonpriority Creditor's Name P.O. Box 1326 Number Street Charlotte NC 28201 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>

4.30	<p><b>Ecolab Food Safety</b> Nonpriority Creditor's Name  24198 Network Place Number Street Chicago IL 60673 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.31	<p><b>Ecolab Pest Elimination</b> Nonpriority Creditor's Name  26252 Network Place Number Street Chicago IL 60673 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.32	<p><b>Economy Linen</b> Nonpriority Creditor's Name  80 Mead St. Number Street Dayton OH 45402 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>

4.33	<p><b>Elgin Water Care</b> Nonpriority Creditor's Name <u>1009 Broad Ripple Ave.</u> Number Street Indianapolis IN 46220 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.34	<p><b>First Financial Bank</b> Nonpriority Creditor's Name <u>P.O. Box 507</u> Number Street Greensburg IN 47240-0000 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b> <u>2015</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Guaranty of Indebtedness of Georgia Reese's Downtown, LLC dba CharBlue</p>	\$ <u>106,072.78</u>
4.35	<p><b>Fucheng (James) Wang</b> Nonpriority Creditor's Name <u>10351 Byrne Avenue</u> Number Street Cupertino CA 95014-0000 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b> <u>2015</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Guaranty of Lease originally between Ambrose Southport McFarland, LLC and SPSP, LLC</p>	\$ <u>0.00</u>

4.36	<p>Gordon Food Service Nonpriority Creditor's Name</p> <p>P.O. Box 1787 Number Street Grand Rapids MI 49501-1787 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.37	<p>Great American Finance Nonpriority Creditor's Name</p> <p>P.O. Box 660831 Number Street Dallas TX 75266 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.38	<p>Greenwalt-Monon Market Nonpriority Creditor's Name</p> <p>740 W. Green Meadows Dr, Suite 320 Number Street Greenfield IN 46140 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>

4.39	<p>Indiana Logo Sign Group Nonpriority Creditor's Name</p> <p>600 E. 96th Street, Suite 515 Number Street</p> <p>Indianapolis IN 46240-0000 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? 2016</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.40	<p>Indy Chamber Nonpriority Creditor's Name</p> <p>111 Monument Circle, Suite 1950 Number Street</p> <p>Indianapolis IN 46204 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.41	<p>IPL / AES Nonpriority Creditor's Name</p> <p>P.O. Box 110 Number Street</p> <p>Indianapolis IN 46206 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>

4.42	<p>J L Anderson Heating &amp; Cooling Nonpriority Creditor's Name</p> <p>P.O. Box 8224 Number Street</p> <p>Lafayette IN 47903 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.43	<p>Keter Environment Service Nonpriority Creditor's Name</p> <p>P.O. Box 417468 Number Street</p> <p>Boston MA 02241 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.44	<p>Klosterman Baking Company Nonpriority Creditor's Name</p> <p>4760 Paddock Road Number Street</p> <p>Cincinnati OH 45229 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>

4.45	<p>Koorsen Fire &amp; Security Nonpriority Creditor's Name 2719 N. Arlington Ave. Number Street Indianapolis IN 46218 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.46	<p>Lancaster Bingo Company Nonpriority Creditor's Name 200 Quarry Rd. SE Number Street P.O. Box 668  Lancaster OH 43130 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.47	<p>Lawndale Plaza Nonpriority Creditor's Name 6440 Westfield Blvd. Number Street Indianapolis IN 46220 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>

4.48	<p><b>Liberty Service, Inc.</b> Nonpriority Creditor's Name <u>1005 S. Main Street</u> Number Street <u>West Milton OH 45383</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.49	<p><b>Mahoney Environmental</b> Nonpriority Creditor's Name <u>37458 Eagle Way</u> Number Street <u>Chicago IL 60678</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.50	<p><b>Meridian Oaks Partner</b> Nonpriority Creditor's Name <u>10201 N. Illinois St., Suite 275</u> Number Street <u>Indianapolis IN 46290</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>	\$ <u>Unknown</u>

4.51	<p><b>Metropolis Lifestyle Center, LLC</b> Nonpriority Creditor's Name c/o Christopher L. Bills, Esq. Number Street P.O. Box 44961  Indianapolis IN 46244-0961 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>When was the debt incurred? 08/22/2017</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Guaranty of Lease</p>	\$ <u>182,360.91</u>
4.52	<p><b>Mister Ice of Indianapolis</b> Nonpriority Creditor's Name 7954 E. 88th Street Number Street Indianapolis IN 46256 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>When was the debt incurred?</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.53	<p><b>MomentFeed, Inc.</b> Nonpriority Creditor's Name 1540 2nd Street, Suite 302 Number Street Santa Monica CA 90401 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>When was the debt incurred?</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>

4.54	<p>Mr. Rooter Plumbing Nonpriority Creditor's Name</p> <p>6886 Hawthorn Park Dr. Number Street</p> <p>Indianapolis IN 46220 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.55	<p>New Jersey Higher Education Student Nonpriority Creditor's Name</p> <p>Assistance Authority</p> <p>P.O. Box 544 Number Street</p> <p>Trenton NJ 08625-0544 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0282 When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Guaranty of Student Loan</p>
4.56	<p>Oracle America Nonpriority Creditor's Name</p> <p>500 Oracle Parkway Number Street</p> <p>Redwood City CA 94065 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>

4.57	Piazza Produce Nonpriority Creditor's Name  P.O. Box 639476 Number Street Cincinnati OH 45263-9476 City State ZIP Code	Last 4 digits of account number When was the debt incurred? 2020  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.58	Producer-Writers Guild of America Pension Plan Nonpriority Creditor's Name  2900 W. Alameda Avenue Number Street Suite 1100  Burbank CA 91505 City State ZIP Code	Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Unknown
	<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.59	Progressive Southeastern Insurance Co. Nonpriority Creditor's Name  c/o Dentons Bingham Greenebaum, LLP Number Street 10 W. Market Street, Suite 2700  Indianapolis IN 46204-0000 City State ZIP Code	Last 4 digits of account number When was the debt incurred? 2016  As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Unknown
	<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments	
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

4.60	<p>Providence HUD, LLC Nonpriority Creditor's Name 941 N. Meridian Street Number Street Indianapolis IN 46204 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? _____ \$ 0.00</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.61	<p>Rays Trash Service Nonpriority Creditor's Name P.O. Box 1 Number Street Clayton IN 46118 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? _____ \$ Unknown</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.62	<p>RMS - Restaurant Maintenance Nonpriority Creditor's Name 2211 W. 79th Street Number Street Indianapolis IN 46260 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? _____ \$ Unknown</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>

4.63	<p>Roto-Rooter Service Nonpriority Creditor's Name</p> <p>5672 Collection Center Drive Number Street</p> <p>Chicago IL 60693 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.64	<p>Rumpke Nonpriority Creditor's Name</p> <p>P.O. Box 538710 Number Street</p> <p>Cincinnati OH 45253 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.65	<p>Scott Rand Company, LLC Nonpriority Creditor's Name</p> <p>c/o Tami Hart Kirby, Esq. Number Street</p> <p>One South Main St., Suite 1600 Dayton OH 45402-2028 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? <u>02/26/2019</u></p> <p>\$ <u>1,233,959.70</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments / Lawsuit</p>

4.66	<p>Spectrum / Time Warner Cable Nonpriority Creditor's Name</p> <p>P.O. Box 1060 Number Street Carol Stream IL 60132-1060 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.67	<p>Sutton-Garten Company Nonpriority Creditor's Name</p> <p>901 N. Senate Avenue Number Street Indianapolis IN 46202 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.68	<p>TCP River Ridge Crossing Nonpriority Creditor's Name</p> <p>McCrea Property Group Number Street 9102 N. Meridian St., Suite 230 Indianapolis IN 46260 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>When was the debt incurred?</b> _____ \$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>

4.69	<p>Tech Electronics Nonpriority Creditor's Name P.O. Box 66936 Number Street St. Louis MO 61366 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>	\$ <u>Unknown</u>
4.70	<p>THANX, LLC Nonpriority Creditor's Name 180 Redwood St., Suite 200 Number Street San Francisco CA 94102 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.71	<p>The Huntington National Bank Nonpriority Creditor's Name Attn: Christine S. Dunlap, Vice Pres. Number Street 7 Easton Oval, EA4W67  Columbus OH 43219-0000 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number When was the debt incurred? <u>2014-2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Loan Agreements</p>	\$ <u>3,873,168.58</u>

4.72	<p><b>Unifi Equipment</b> Nonpriority Creditor's Name P.O. Box 7365 Number Street Ann Arbor MI 48107 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.73	<p><b>Universal Advertising Associates</b> Nonpriority Creditor's Name 2530 Civic Center Dr. Number Street Cincinnati OH 45231 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>	\$ <u>Unknown</u>
4.74	<p><b>Vasey Commercial, Inc.</b> Nonpriority Creditor's Name 10830 Andreade Dr. Number Street Zionsville IN 46077 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>	\$ <u>Unknown</u>

4.75	<p>Vectren Energy Nonpriority Creditor's Name</p> <p>P.O. Box 1423 Number Street Houston TX 77251 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.76	<p>VNN, Inc. Nonpriority Creditor's Name</p> <p>678 Front Ave. NW, Suite 300 Number Street Grand Rapids MI 49504 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>
4.77	<p>Whitlocks Pressure Wash Nonpriority Creditor's Name</p> <p>P.O. Box 391 Number Street Connersville IN 47331 City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>\$ <u>Unknown</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Potential Liability arising from debtor's business investments</p>

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Ambrose Southport McFarland, LLC  
Creditor's Name

55 Monument Circle, Suite 450  
Number Street  
Indianapolis IN 46204  
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured

Last 4 digits of account number

<u>Ascentium Capital, LLC</u> Creditor's Name <u>c/o Daniel Moore, Commercial Specialist</u> Number Street 5447 E. 5th Street, Suite 110			<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line 4.8 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured  Claims <b>Last 4 digits of account number</b>
<u>Tucson AZ 85711-2345</u> City State ZIP Code			
<u>Central Restaurant Products</u> Creditor's Name <u>c/o Commercial Collection Corp</u> Number Street 34 Seymour Street			<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line 4.16 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured  Claims <b>Last 4 digits of account number</b>
<u>Tonawanda NY 14150</u> City State ZIP Code			
<u>Christopher J. Long</u> Creditor's Name <u>c/o Michael T. McNelis, Esq.</u> Number Street 9247 N. Meridian Street, #350			<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line 4.17 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured  Claims <b>Last 4 digits of account number</b>
<u>Indianapolis IN 46260-1803</u> City State ZIP Code			
<u>Commercial Parts &amp; Service</u> Creditor's Name <u>204 Linden Ave.</u> Number Street <u>Dayton OH 45403</u> City State ZIP Code			<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line 4.21 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured  Claims <b>Last 4 digits of account number</b>
<u>Ecolab</u> Creditor's Name <u>c/o Receivables Control Corp.</u> Number Street 7373 Kirkwood Court, Suite 200			<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line 4.31 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured  Claims <b>Last 4 digits of account number</b>
<u>Osseo MN 55369</u> City State ZIP Code			
<u>First Financial Bank</u> Creditor's Name <u>c/o Matthew T. Barr, Esq.</u> Number Street 135 N. Pennsylvania Street, Suite 1400			<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line 4.34 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured  Claims <b>Last 4 digits of account number</b>
<u>Indianapolis IN 46204</u> City State ZIP Code			
<u>Fucheng Wang and Yi-Ku Kung</u> Creditor's Name <u>c/o Paul D. Ludwig, Esq.</u> Number Street 151 N. Delaware Street, Suite 1106			<b>On which entry in Part 1 or Part 2 did you list the original creditor?</b> Line 4.35 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured  Claims <b>Last 4 digits of account number</b>
<u>Indianapolis IN 46204</u> City State ZIP Code			

<p>Producer-Writers Guild of America Pension Plan Creditor's Name <u>c/o Kraw Law Group, APC</u> Number Street <u>605 Ellis Street, Suite 200</u></p> <p>Mountain View CA 94043 City State ZIP Code</p> <p>Ragan Brackett Creditor's Name <u>c/o Eric N. Engebretson, Esq.</u> Number Street <u>8250 Haverstick Rd., Suite 100</u></p> <p>Indianapolis IN 46240 City State ZIP Code</p> <p>The Huntington National Bank Creditor's Name <u>c/o Jason R. Burke, Esq.</u> Number Street <u>101 W. Ohio Street, Suite 1700</u></p> <p>Indianapolis IN 46204 City State ZIP Code</p> <p>U.S. Small Business Administration Creditor's Name <u>8500 Keystone Crossing, Suite 400</u> Number Street <u>Indianapolis IN 46240</u> City State ZIP Code</p> <p>Writers' Guild-Industry Health Fund Creditor's Name <u>2900 W. Alameda Avenue</u> Number Street <u>Suite 1100</u></p> <p>Burbank CA 91505 City State ZIP Code</p> <p>Writers' Guild-Industry Health Fund Creditor's Name <u>c/o Kraw Law Group, APC</u> Number Street <u>605 Ellis Street, Suite 200</u></p> <p>Mountain View CA 94043 City State ZIP Code</p>	<p><b>On which entry in Part 1 or Part 2 did you list the original creditor?</b></p> <p>Line 4.58 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p><b>Last 4 digits of account number</b></p> <p><b>On which entry in Part 1 or Part 2 did you list the original creditor?</b></p> <p>Line 2.6 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p><b>Last 4 digits of account number</b></p> <p><b>On which entry in Part 1 or Part 2 did you list the original creditor?</b></p> <p>Line 4.71 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p><b>Last 4 digits of account number</b></p> <p><b>On which entry in Part 1 or Part 2 did you list the original creditor?</b></p> <p>Line 4.71 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p><b>Last 4 digits of account number</b></p> <p><b>On which entry in Part 1 or Part 2 did you list the original creditor?</b></p> <p>Line 4.58 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p><b>Last 4 digits of account number</b></p> <p><b>On which entry in Part 1 or Part 2 did you list the original creditor?</b></p> <p>Line 4.58 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims</p> <p>Claims</p> <p><b>Last 4 digits of account number</b></p>
--	---

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

		Total claim
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. \$ <u>0.00</u>
<b>Total claims from Part 2</b>	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>5,743,790.55</u>
	6j. Total. Add lines 6f through 6i.	6j. \$ <u>5,743,790.55</u>

**Fill in this information to identify your case:**

Debtor 1	Gary Lawrence Brackett		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Indiana			
Case number (if known)			

Check if this is  
an amended  
filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.****Person or company with whom you have the contract or lease      State what the contract or lease is for****2.1**

David White  
 Name  
 7189 Ticklegrass St.  
 Street  
 Winter Garden FL 34787  
 City                  State                  ZIP Code

Lease of Residence

**Fill in this information to identify your case:**

Debtor 1 Gary Lawrence Brackett  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Debtor 2  
 (Spouse, if filing) First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

United States Bankruptcy Court for the: Southern District of Indiana

Case number \_\_\_\_\_  
 (if known)

Check if this is  
 an amended  
 filing

**Official Form 106H****Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1	<u>Brackett Productions, LLC</u> Name _____ <u>4287 W. 96th Street</u> Street _____ <u>Indianapolis</u> IN      46268 City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.58</u> <input type="checkbox"/> Schedule G, line _____
3.2	<u>Brackett Restaurant Group, LLC</u> Name _____ <u>4287 W. 96th Street</u> Street _____ <u>Indianapolis</u> IN      46268 City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.17</u> <input type="checkbox"/> Schedule G, line _____
3.3	<u>Brackett Restaurant Group, LLC</u> Name _____ <u>4287 W. 96th Street</u> Street _____ <u>Indianapolis</u> IN      46268 City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Schedule D, line <u>2.1</u> <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3.4	<u>Brackett Restaurant Group, LLC</u> Name _____ <u>4287 W. 96th Street</u> Street _____ <u>Indianapolis</u> IN      46268 City _____ State _____ ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>2.3</u> <input type="checkbox"/> Schedule G, line _____

3.5	Brackett Restaurant Group, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268			<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>2.2</u> <input type="checkbox"/> Schedule G, line _____
	City	State	ZIP Code	
3.6	Brackett Restaurant Group, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268			<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>2.1</u> <input type="checkbox"/> Schedule G, line _____
	City	State	ZIP Code	
3.7	GB IUPUISP, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268			<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.17</u> <input type="checkbox"/> Schedule G, line _____
	City	State	ZIP Code	
3.8	GB IUPUISP, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268			<input checked="" type="checkbox"/> Schedule D, line <u>2.1</u> <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
	City	State	ZIP Code	
3.9	GB IUPUISP, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268			<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>2.3</u> <input type="checkbox"/> Schedule G, line _____
	City	State	ZIP Code	
3.10	GB IUPUISP, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268			<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>2.1</u> <input type="checkbox"/> Schedule G, line _____
	City	State	ZIP Code	
3.11	GB IUPUISP, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268			<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>2.2</u> <input type="checkbox"/> Schedule G, line _____
	City	State	ZIP Code	
3.12	Prop 58, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268			<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.26</u> <input type="checkbox"/> Schedule G, line _____
	City	State	ZIP Code	
3.13	Brackett Restaurant Group, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268			<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.57</u> <input type="checkbox"/> Schedule G, line _____
	City	State	ZIP Code	

3.14	SP Plainfield, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.51</u> <input type="checkbox"/> Schedule G, line _____
3.15	Ragan Brackett Name 6841 Fox Lake Dr. S Street Indianapolis IN 46278 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.51</u> <input type="checkbox"/> Schedule G, line _____
3.16	SP Dayton, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.65</u> <input type="checkbox"/> Schedule G, line _____
3.17	SPSP, LLC Name 4287 W. 96th Street Street Indianapolis IN 46268 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.8</u> <input type="checkbox"/> Schedule G, line _____
3.18	Jasmine Stevens Name 119 Elizabeth St., Unit 515 Street South Bound Brook NJ 08880 City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.55</u> <input type="checkbox"/> Schedule G, line _____

**Fill in this information to identify your case:**

Debtor 1	Gary Lawrence Brackett		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Indiana			
Case number (if known) _____			

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

12/15

## Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed  
 Not employed

Debtor 2 or non-filing spouse

Employed  
 Not employed

Occupation

Public Speaker / Business Coach

Employer's name

Self Employed

Employer's address

Number Street

Number Street

\_\_\_\_\_

\_\_\_\_\_

,  
City State ZIP Code

City State ZIP Code

How long employed there? 10 years

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ _____
3. Estimate and list monthly overtime pay.	3. + \$ 0.00	+ \$ _____
4. Calculate gross income. Add line 2 + line 3.	4. \$ 0.00	\$ _____

Debtor 1

Gary Lawrence Brackett

Last Name

Case number (if known)

First Name Middle Name

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here.....</b>	→ 4. \$ 0.00	\$ _____
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ _____
5e. Insurance	5e. \$ 0.00	\$ _____
5f. Domestic support obligations	5f. \$ 0.00	\$ _____
5g. Union dues	5g. \$ 0.00	\$ _____
5h. Other deductions. Specify: _____ _____ _____ _____	5h. + \$ 0.00 \$ _____ \$ _____ \$ _____	+ \$ _____ \$ _____ \$ _____ \$ _____
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ _____
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ 0.00	\$ _____
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ 4,670.10	\$ _____
8b. Interest and dividends	8b. \$ 0.00	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$ 0.00	\$ _____
8d. Unemployment compensation	8d. \$ 0.00	\$ _____
8e. Social Security	8e. \$ 0.00	\$ _____
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</small>	8f. \$ 0.00	\$ _____
8g. Pension or retirement income	8g. \$ 0.00	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ 0.00 + \$ _____	+ \$ _____
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 4,670.10	\$ _____
<b>10. Calculate monthly income.</b> Add line 7 + line 9. <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</small>	10. \$ 4,670.10	+ \$ _____ = \$ 4,670.10
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.</small>		
<small>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.</small> Specify: _____	11. + \$ 0.00	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. <small>Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies</small>	12. \$ 4,670.10	Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No. Income figure is estimated.		
<input type="checkbox"/> Yes. Explain: _____		

**United States Bankruptcy Court**  
**Southern District of Indiana**

In re Gary Lawrence Brackett

Debtor(s)

Case No.

Chapter

**BUSINESS INCOME AND EXPENSES**

**FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS** (NOTE: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:**

1. Gross Income For 12 Months Prior to Filing: (August-July)	\$ <u>69,377.23</u>
--	---------------------

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income	\$ <u>16,666.00</u>
-------------------------	---------------------

**PART C - ESTIMATED FUTURE MONTHLY EXPENSES:**

3. Net Employee Payroll (Other Than Debtor)	\$ <u>6,000.00</u>
4. Payroll Taxes	<u>0.00</u>
5. Unemployment Taxes	<u>0.00</u>
6. Worker's Compensation	<u>0.00</u>
7. Other Taxes	<u>0.00</u>
8. Inventory Purchases (Including raw materials)	<u>0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>0.00</u>
10. Rent (Other than debtor's principal residence)	<u>3,087.90</u>
11. Utilities	<u>1,250.00</u>
12. Office Expenses and Supplies	<u>200.00</u>
13. Repairs and Maintenance	<u>250.00</u>
14. Vehicle Expenses	<u>0.00</u>
15. Travel and Entertainment	<u>500.00</u>
16. Equipment Rental and Leases	<u>0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>500.00</u>
18. Insurance	<u>208.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>0.00</u>

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION	TOTAL
-------------	-------

21. Other (Specify):

DESCRIPTION	TOTAL
-------------	-------

22. Total Monthly Expenses (Add items 3-21)

\$ 11,995.90

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:**

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)	\$ <u>4,670.10</u>
---	--------------------

**Fill in this information to identify your case:**

Debtor 1	Gary Lawrence Brackett	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the:	Southern District of Indiana	
Case number (If known)	(State)	

**Check if this is:**

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

**Official Form 106J****Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

 No Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

12

 No Yes

Son

9

 No Yes

Daughter

7

 No Yes

Nephew

19

 No Yes**3. Do your expenses include expenses of people other than yourself and your dependents?** No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.**If not included in line 4:**

- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

<b>Your expenses</b>	
4.	\$ 3,000.00
4a.	\$ 0.00
4b.	\$ 148.00
4c.	\$ 0.00
4d.	\$ 0.00

Debtor 1 Gary Lawrence Brackett  
 First Name  Middle Name  Last Name

Case number (if known) \_\_\_\_\_

<b>Your expenses</b>	
<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0.00</u>
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>200.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>75.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>450.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
<b>7. Food and housekeeping supplies</b>	
	7. \$ <u>750.00</u>
<b>8. Childcare and children's education costs</b>	
	8. \$ <u>200.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	
	9. \$ <u>150.00</u>
<b>10. Personal care products and services</b>	
	10. \$ <u>75.00</u>
<b>11. Medical and dental expenses</b>	
	11. \$ <u>200.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	
	12. \$ <u>200.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	
	13. \$ <u>500.00</u>
<b>14. Charitable contributions and religious donations</b>	
	14. \$ <u>0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>207.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	
	16. \$ <u>0.00</u>
<b>17. Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>691.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	
	18. \$ <u>0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: <u>College for Nephew (Debtor is legal guardian)</u>	
	19. \$ <u>700.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Gary Lawrence Brackett  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

<p>21. Other. Specify: Storage Unit  <u> </u>  <u> </u>  <u> </u></p> <p>22. Calculate your monthly expenses.</p> <p>22a. Add lines 4 through 21.    22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.</p> <p>23. Calculate your monthly net income.</p> <p>23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.    23b. Copy your monthly expenses from line 22c above.    23c. Subtract your monthly expenses from your monthly income.    The result is your <i>monthly net income</i>.</p> <p>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</p> <p>For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?</p> <p><input checked="" type="checkbox"/> No.  <input type="checkbox"/> Yes. Explain here:</p>	<p>21. +\$ <u>591.00</u>    +\$ _____    +\$ _____</p> <p>22a. \$ <u>8,137.00</u>    22b. \$ _____    22c. \$ <u>8,137.00</u></p> <p>23a. \$ <u>4,670.10</u>    23b. -\$ <u>8,137.00</u>    23c. \$ <u>-3,466.90</u></p>
--	--

**Fill in this information to identify your case:**

Debtor 1	<u>Gary Lawrence Brackett</u>	
	<small>First Name</small>	<small>Middle Name</small>
	<small>Last Name</small>	
Debtor 2 (Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>
	<small>Last Name</small>	
United States Bankruptcy Court for the Southern District of Indiana		
Case number (If known)		

Check if this is an amended filing

**Official Form 106Dec****Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

**Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?**

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Gary Lawrence Brackett

Signature of Debtor 1

**X**

Signature of Debtor 2

Date 08/19/2021

MM / DD / YYYY

Date \_\_\_\_\_

MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1 Gary Lawrence Brackett  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number    
 (if known)

Check if this is  
 an amended  
 filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1  
lived there

Debtor 2:

Dates Debtor 2  
lived there

3591 Hintocks Circle

From 08/2010  
To 06/2020 Same as Debtor 1 Same as Debtor 1

Number Street

From    
To  

Carmel IN 46032

Number Street

City State ZIP Code

City State ZIP Code

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)**

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H)

**Part 2: Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No

- Yes. Fill in the details.

Debtor 1

Debtor 2

Sources of income  
Check all that applyGross income  
(before deductions  
and exclusions)Sources of income  
Check all that applyGross income  
(before deductions  
and exclusions)

Debtor

Gary Lawrence Brackett  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

<b>From January 1 of current year until the date you filed for bankruptcy:</b>		<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>0.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____
		<input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business
<b>For last calendar year:</b>  (January 1 to December 31, <u>2020</u> )		<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>8,250.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____
		<input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business
<b>For the calendar year before that:</b>  (January 1 to December 31, <u>2019</u> )		<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>74,108.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____
		<input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	<b>Debtor 1</b>		<b>Debtor 2</b>	
	<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	Rental Income	\$ <u>0.00</u>	_____	_____
	Disability Income	\$ <u>0.00</u>	_____	_____
<b>For last calendar year:</b>  (January 1 to December 31, <u>2020</u> )	Disability Income	\$ <u>22,200.00</u>	_____	_____
	Rental Income	\$ <u>20,000.00</u>	_____	_____
	Sales of Securities	\$ <u>491,202.20</u>	_____	_____
<b>For the calendar year before that:</b>  (January 1 to December 31, <u>2019</u> )	Disability Income	\$ <u>50,760.00</u>	_____	_____
	Dividends	\$ <u>199.00</u>	_____	_____
	Capital Gains	\$ <u>17,250.00</u>	_____	_____
	Liquidation of Annuity	\$ <u>701,908.00</u>	_____	_____
	Rental Income	\$ <u>51,900.00</u>	_____	_____

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor

Gary Lawrence Brackett  
 First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<u>Indiana Dept. of Revenue</u> Creditor's Name	<u>07/15/2021</u>	\$ <u>10,076.48</u>	\$ <u>Unknown</u>
<u>Bankruptcy Section, N-240</u> Number Street			<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Trust Fund Taxes</u>
<u>100 N. Senate Avenue</u>			
<u>Indianapolis IN</u> City State			
<u>46204-0000</u> ZIP Code			

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?** *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No.

Yes. List all payments to an insider.

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No.

Yes. List all payments that benefited an insider.

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title: <u>First Financial Bank, successor by merger to MainSource Bank v. Gary L. Brackett</u> Case number: <u>29D03-2005-PL-003454</u>	Complaint for Breach of Guarantees (Dismissed on 10/14/2020); Date filed: 05/19/2020  Hamilton Co. Superior Court No. 3 Court Name Number Street <u>Noblesville IN</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case title: <u>Daniel Carroll v. Vrsus Holdings, LLC fka Express Software &amp; Services, LLC, Gary Brackett, et al.</u> Case number: <u>49D01-1809-PL-036382</u>	; Date filed: 09/11/2018  Marion Co. Superior Court Court Name Number Street <u>Indianapolis IN</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor

Gary Lawrence Brackett

First Name Middle Name

Last Name

Case number(if known)

Case title: <u>In Re: The Marriage of Ragan Brackett and Gary Brackett</u> Case number: <u>29D01-2008-DC-005404</u>	; Date filed: 08/06/2020	Hamilton Co. Superior Court Court Name Number Street Noblesville IN City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: <u>Metropolis Lifestyle Center, LLC v. SP Plainfield, LLC, Gary Brackett and Ragan Brackett</u> Case number: <u>29C01-2107-CC-005198</u>	; Date filed: 07/23/2021	Hamilton Co. Circuit Court Court Name Number Street City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: <u>Scott Rand Company, LLC v. Gary Brackett dba SP Dayton, LLC</u> Case number: <u>2021 CV 00341</u>	; Date filed: 01/29/2021	Court of Common Pleas, Montgomery County, Court Name Ohio 41 N. Perry Street Number Street Dayton OH 45422 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- No. Go to line 11.  
 Yes. Fill in the information below.

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- No  
 Yes. Fill in the details

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- No  
 Yes

**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- No  
 Yes. Fill in the details for each gift.

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- No  
 Yes. Fill in the details for each gift or contribution.

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Date of your loss

Value of property lost

Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Vehicle broken into (2 laptops, 3 iPads and 1 Nintendo D.S. stolen)

Claim Pending: No, Not covered by insurance: \$0.00

04/04/2021\$ Unknown

Debtor

Gary Lawrence Brackett

First Name

Middle Name

Last Name

Case number(if known)

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Hester Baker Krebs LLC

Person Who Was Paid

One Indiana Square, Suite 1330

Number Street

Indianapolis IN 46204

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

**Description and value of any property transferred**

Pre-Petition Attorney Fees and Expenses (\$6,000.00  
 retainer - 8/18/2020; \$7,027.50 - 12/07/2020; \$1,748.50 -  
 12/07/2020; \$910.00 - 01/06/2021; \$2,475.00 - 02/02/2021;  
 \$6,274.50 - 04/13/2021; \$1,050.00 - 05/13/2021; \$5,100.00  
 - 06/01/2021; \$900.00 - 07/07/2021; \$1,000.00 -  
 08/03/2021; \$1,500.00 - 08/20/2021)

**Date payment or transfer was made**

8/2021

**Amount of payment**

\$ 33,985.50

\$ \_\_\_\_\_

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.**Description and value of property transferred****Describe any property or payments received or debts paid in exchange****Date transfer was made**

05/29/2020

Samiullah Kundi and Rabia Masood

Person Who Received Transfer

3591 Hintocks Circle

Number Street

Carmel IN 46032

City State ZIP Code

Person's relationship to you n/a

Real Estate located at 3591  
 Hintocks Circle, Carmel, IN  
 46032, \$2,150,000.00

All proceeds used to pay closing costs,  
 mortgage to US Bank Home Mortgage  
 (\$1,607,136.06), mortgage to Huntington  
 National Bank (\$444,640.94) - Debtor received  
 no proceeds from sale

Cynthia L. Carr

Person Who Received Transfer

5451 Nighthawk Drive

Number Street

Indianapolis IN 46254

City State ZIP Code

Person's relationship to you n/a

Real Estate located at 5451  
 Nighthawk Drive, Indianapolis,  
 IN 46254, \$120,000.00

Proceeds used to pay closing costs, mortgage  
 to Wells Fargo Bank (\$54,669.59) with net  
 proceeds of \$52,994.32 paid to Debtor

09/16/2020

Debtor

Gary Lawrence Brackett

First Name Middle Name

Last Name

Case number(if known)

<u>Ragan Brackett</u> Person Who Received Transfer <u>6841 Fox Lake Dr. S</u> Number Street <u>Indianapolis IN 46278</u> City State ZIP Code Person's relationship to you <u>Estranged Spouse</u>	<u>2011 Mercedes Benz ML 3500</u> (appx. 100k miles)	Transferred pursuant to Pre-Nuptial Agreement and pending divorce	<u>08/01/2020</u>
<u>Signal Securities</u> Person Who Received Transfer <u>22287 Mulholland Hwy., #407</u> Number Street <u>Calabasas CA 91302</u> City State ZIP Code Person's relationship to you <u>n/a</u>	<u>17,847 shares of Griffin Capital Essential Asset REIT, \$166,876.40</u>	Debtor received net proceeds of \$166,836.40	<u>01/08/2020</u>
<u>Signal Securities</u> Person Who Received Transfer <u>22287 Mulholland Hwy., #407</u> Number Street <u>Calabasas CA 91302</u> City State ZIP Code Person's relationship to you <u>n/a</u>	<u>32,131 shares of Hines Global REIT, \$150,055.16</u>	Debtor received net proceeds of \$150,015.16	<u>02/26/2020</u>
<u>Signal Securities</u> Person Who Received Transfer <u>22287 Mulholland Hwy., #407</u> Number Street <u>Calabasas CA 91302</u> City State ZIP Code Person's relationship to you <u>n/a</u>	<u>15,264 shares of Inven Trust Property Corporation, \$19,386.45</u>	Debtor received net proceeds of \$19,346.45	<u>02/26/2020</u>
<u>Signal Securities</u> Person Who Received Transfer <u>22287 Mulholland Hwy., #407</u> Number Street <u>Calabasas CA 91302</u> City State ZIP Code Person's relationship to you <u>n/a</u>	<u>15,264 shares of Highland REITs, \$1,969.19</u>	Debtor received net proceeds of \$1,929.19	<u>02/26/2020</u>
<u>Signal Securities</u> Person Who Received Transfer <u>22287 Mulholland Hwy., #407</u> Number Street <u>Calabasas CA 91302</u> City State ZIP Code Person's relationship to you <u>n/a</u>	<u>18,204 shares of Steadfast Apartment REIT, \$152,915.00</u>	Debtor received net proceeds of \$152,875.00	<u>09/17/2020</u>

Debtor

Gary Lawrence Brackett

First Name Middle Name

Last Name

Case number(if known)

**19.Written 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?(These are often called asset-protection devices.)**

 No Yes. Fill in the details.

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20.Written 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
First Allied (closed) Name of Financial Institution <u>7021 Vista Dr.</u> Number Street <u>West Des Moines IA</u> City State <u>50266</u> ZIP Code	XXXX- <u>2 5 5 6</u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input checked="" type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>09/20/2020</u>	\$ <u>318,400.00</u>
Paradigm Wealth Management Name of Financial Institution <u>(closed)</u>  <u>1140 Highway 22 East, #103</u> Number Street <u>Bridgewater NJ 08807</u> City State ZIP Code	XXXX- <u>7 0 8 9</u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input checked="" type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>06/26/2020</u>	\$ <u>21,176.07</u>
Huntington National Bank Name of Financial Institution <u>(closed)</u>  <u>P.O. Box 1558</u> Number Street <u>Columbus OH 43216-1558</u> City State ZIP Code	XXXX- _____	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>07/01/2021</u>	\$ <u>0.00</u>
Huntington National Bank Name of Financial Institution <u>(ending in 7120) (held jointly</u> <u>with estranged spouse)</u>  <u>(closed)</u>  <u>P.O. Box 1558</u> Number Street <u>Columbus OH 43216-1558</u> City State ZIP Code	XXXX- <u>7 1 2 0</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>07/01/2021</u>	\$ <u>0.00</u>

**21.Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

 No Yes. Fill in the details.

Debtor

Gary Lawrence Brackett

First Name

Middle Name

Last Name

Case number(if known)

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?** No Yes. Fill in the details.

Public Storage  
Name of Storage Facility  
9915 Allisonville Road  
Number Street  
Fishers IN  
City State ZIP Code

**Who else has or had access to it?**

Debtor

Name

Number Street  
City State ZIP Code

**Describe the contents**

Household items, decorations, kids clothes, furniture, garage items.

No  
 Yes

**Part 9: Identify Property You Hold or Control for Someone Else****23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.** No Yes. Fill in the details.

Debtor's Minor Child  
Owner's Name  
Number Street  
City State ZIP Code

**Where is the property?**

Paradigm Wealth Management  
Number Street  
San Diego CA 92121  
City State ZIP Code

**Describe the property**

UTMA/IN Account (Debtor is Custodian for his minor child)

\$ Unknown

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?** No Yes. Fill in the details.**25. Have you notified any governmental unit of any release of hazardous material?** No Yes. Fill in the details.**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.** No Yes. Fill in the details.**Part 11: Give Details About Your Business or Connections to Any Business**

Debtor

Gary Lawrence Brackett

First Name Middle Name

Last Name

Case number(if known)

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

<b>Business Name</b> GLB 1, LLC 4287 W. 96th Street Indianapolis IN 46268 City State ZIP Code	<b>Describe the nature of the business</b> Public Speaking / Business Coaching	<b>Employer Identification number</b> Do not include Social Security number or ITIN. <b>EIN:</b> 4 5 - 0 6 4 5 7 8 6 <b>Dates business existed</b> From <u>03/14/2011</u> To <u>Current</u>
<b>Business Name</b> Stacked Pickle Franchising, LLC 4231 W. 96th Street Indianapolis IN 46268 City State ZIP Code	<b>Describe the nature of the business</b> Restaurant Franchising	<b>Employer Identification number</b> Do not include Social Security number or ITIN. <b>EIN:</b> 8 1 - 5 0 7 8 8 9 4 <b>Dates business existed</b> From <u>01/24/2017</u> To <u>Current</u>
<b>Business Name</b> Brackett Restaurant Group, LLC 4287 W. 96th Street Indianapolis IN 46268 City State ZIP Code	<b>Describe the nature of the business</b> Restaurants	<b>Employer Identification number</b> Do not include Social Security number or ITIN. <b>EIN:</b> 3 2 - 0 4 5 0 4 1 0 <b>Dates business existed</b> From <u>10/08/2014</u> To <u>Current</u>
<b>Business Name</b> Char Blue, LLC 4287 W. 96th Street Indianapolis IN 46268 City State ZIP Code	<b>Describe the nature of the business</b> Restaurants	<b>Employer Identification number</b> Do not include Social Security number or ITIN. <b>EIN:</b> 4 7 - 2 5 9 8 4 5 1 <b>Dates business existed</b> From <u>08/20/2016</u> To <u>12/14/2019</u>
<b>Business Name</b> SPSP, LLC 4287 W. 96th Street Indianapolis IN 46268 City State ZIP Code	<b>Describe the nature of the business</b> Restaurant	<b>Employer Identification number</b> Do not include Social Security number or ITIN. <b>EIN:</b> 4 6 - 4 5 8 5 8 5 5 <b>Dates business existed</b> From <u>01/20/2014</u> To <u>Current</u>

Debtor

Gary Lawrence Brackett

First Name Middle Name

Last Name

Case number(if known)

<u>SP Dayton, LLC</u> Business Name <u>4287 W. 96th Street</u> Number Street <u>Indianapolis IN 46268</u> City State ZIP Code	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.							
	Restaurant	EIN: <u>8 2 - 3 6 8 9 7 3 0</u>							
	<b>Name of accountant or bookkeeper</b>	<b>Dates business existed</b>							
	Jeffrey J. Warner, KSM Business Services, Inc.	From <u>02/22/2019</u> To <u>Current</u>							
<u>Prop 58, LLC</u> Business Name <u>4287 W. 96th Street</u> Number Street <u>Indianapolis IN 46268</u> City State ZIP Code	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.							
	Real Estate Holding	EIN: _____							
	<b>Name of accountant or bookkeeper</b>	<b>Dates business existed</b>							
	Jeffrey J. Warner, KSM Business Services, Inc.	From <u>10/24/2012</u> To <u>04/05/2021</u>							
<u>Brackett Production, LLC</u> Business Name <u>4287 W. 96th Street</u> Number Street <u>Indianapolis IN 46268</u> City State ZIP Code	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.							
	Movie Productions	EIN: _____							
	<b>Name of accountant or bookkeeper</b>	<b>Dates business existed</b>							
	Jeffrey J. Warner, KSM Business Services, Inc.	From <u>05/11/2017</u> To <u>Current</u>							
<b>28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.</b>									
<input type="checkbox"/> No. None of the above applies. Go to Part 12. <input checked="" type="checkbox"/> Yes. Check all that apply above and fill in the details below for each business.									
<table border="1"> <thead> <tr> <th style="text-align: center;"><b>Date issued</b></th> </tr> </thead> <tbody> <tr> <td> <u>The Huntington National Bank</u>            Name  <u>c/o Christine S. Dunlap, Vice President</u>            Number Street  <u>7 Easton Oval, EA4W67</u>  <u>Columbus OH 43219</u>            City State ZIP Code         </td> <td style="text-align: center;"> <u>03/01/2020</u>            MM / DD / YYYY         </td> </tr> <tr> <th style="text-align: center;"><b>Date issued</b></th> <td></td> </tr> <tr> <td> <u>Ragan Brackett</u>            Name  <u>6841 Fox Lake Dr. S</u>            Number Street  <u>Indianapolis IN 46278</u>            City State ZIP Code         </td> <td style="text-align: center;"> <u>11/01/2020</u>            MM / DD / YYYY         </td> </tr> </tbody> </table>			<b>Date issued</b>	<u>The Huntington National Bank</u> Name <u>c/o Christine S. Dunlap, Vice President</u> Number Street <u>7 Easton Oval, EA4W67</u> <u>Columbus OH 43219</u> City State ZIP Code	<u>03/01/2020</u> MM / DD / YYYY	<b>Date issued</b>		<u>Ragan Brackett</u> Name <u>6841 Fox Lake Dr. S</u> Number Street <u>Indianapolis IN 46278</u> City State ZIP Code	<u>11/01/2020</u> MM / DD / YYYY
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<u>The Huntington National Bank</u> Name <u>c/o Christine S. Dunlap, Vice President</u> Number Street <u>7 Easton Oval, EA4W67</u> <u>Columbus OH 43219</u> City State ZIP Code	<u>03/01/2020</u> MM / DD / YYYY								
<b>Date issued</b>									
<u>Ragan Brackett</u> Name <u>6841 Fox Lake Dr. S</u> Number Street <u>Indianapolis IN 46278</u> City State ZIP Code	<u>11/01/2020</u> MM / DD / YYYY								

Debtor

Gary Lawrence Brackett

First Name

Middle Name

Last Name

Case number(if known)

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Gary Lawrence Brackett

Signature of Debtor 1

Signature of Debtor 2

Date 08/19/2021

Date \_\_\_\_\_

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?** No Yes. Name of person \_\_\_\_\_Attach the Bankruptcy Petition Preparer's Notice,  
Declaration, and Signature (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1 Gary Lawrence Brackett  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number \_\_\_\_\_  
 (if known)

Check if this is  
 an amended  
 filing

**Official Form 108****Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: The Huntington National Bank  Description of property securing debt: 2013 BMW 750LI	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases Will the lease be assumed?**

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Gary Lawrence Brackett

Signature of Debtor 1

Date 08/19/2021

MM/DD/YYYY

Signature of Debtor 2

Date 08/19/2021

MM/DD/YYYY

516 Northwestern Associates, LP  
Purdue Research Foundation  
1281 Win Hentschel Blvd.  
West Lafayette, IN 47906

Barclays / Mastercard Black Card  
P.O. Box 8802  
Wilmington, DE 19899-8802

Acorn Distribution  
5820 Fortune Circle W. Dr.  
Indianapolis, IN 46241

Brackett Productions, LLC  
4287 W. 96th Street  
Indianapolis, IN 46268

ADT Security Service  
P.O. Box 371878  
Pittsburgh, PA 15250

Brackett Restaurant Group, LLC  
4287 W. 96th Street  
Indianapolis, IN 46268

Airgas National Carbonagtion  
P.O. Box 734673  
Dallas, TX 75373

Bradford & Riley  
P.O. Box 441189  
Indianapolis, IN 46244

Ambrose Southport McFarland, LLC  
55 Monument Circle, Suite 450  
Indianapolis, IN 46204

Cardlytics  
75 Remittance Dr.  
Dept. 3247  
Chicago, IL 60675-3247

Aqua System  
7785 E. US Highway 36  
Avon, IN 46123

Cardmember Service  
P.O. Box 790408  
Saint Louis, MO 63179

Aramark Linen  
2050 W. Oliver Avenue  
Indianapolis, IN 46221

Carter Plumbing  
866 N. State Road 135, Suite A  
Greenwood, IN 46142

ASCAP  
21678 Network Place  
Chicago, IL 60673

Central Restaurant Products  
7750 Georgetown Road  
Indianapolis, IN 46268

Ascentium Capital, LLC  
23970 Highway 59N  
Kingwood, TX 77339-0000

Central Restaurant Products  
c/o Commercial Collection Corp  
34 Seymour Street  
Tonawanda, NY 14150

Ascentium Capital, LLC  
c/o Daniel Moore, Commercial Specialist  
5447 E. 5th Street, Suite 110  
Tucson, AZ 85711-2345

Christopher J. Long  
15338 Dunrobin Drive  
Noblesville, IN 46062-0000

AT&T  
P.O. Box 5014  
Carol Stream, IL 60197

Christopher J. Long  
c/o Michael T. McNelis, Esq.  
9247 N. Meridian Street, #350  
Indianapolis, IN 46260-1803

Avenue Student  
The Preiss Company  
1700 Hillsborough St.  
Raleigh, NC 27605

Citizens Energy Group  
P.O. Box 7056  
Indianapolis, IN 46207

COCA-COLA North America  
P.O. Box 10273  
Atlanta, GA 30368

Duke Energy  
P.O. Box 1326  
Charlotte, NC 28201

Comcast  
P.O. Box 70219  
Philadelphia, PA 19176

Ecolab  
c/o Receivables Control Corp.  
7373 Kirkwood Court, Suite 200  
Osseo, MN 55369

Commercial Parts & Service  
10671 Techwood Dr.  
Cincinnati, OH 45242

Ecolab Food Safety  
24198 Network Place  
Chicago, IL 60673

Commercial Parts & Service  
204 Linden Ave.  
Dayton, OH 45403

Ecolab Pest Elimination  
26252 Network Place  
Chicago, IL 60673

Culligan  
110 W. Fremont St.  
Owatonna, MN 55060

Economy Linen  
80 Mead St.  
Dayton, OH 45402

Daniel Carroll  
c/o Kathleen Delaney, Attorney  
3646 N. Washington Blvd.  
Indianapolis, IN 46205

Elgin Water Care  
1009 Broad Ripple Ave.  
Indianapolis, IN 46220

Daniel Carroll

First Financial Bank  
P.O. Box 507  
Greensburg, IN 47240-0000

Dayton Power & Light  
P.O. Box 740598  
Cincinnati, OH 45274

First Financial Bank  
c/o Matthew T. Barr, Esq.  
135 N. Pennsylvania Street, Suite 1400  
Indianapolis, IN 46204

Deaton's Mechanical  
1435 Brookville Way, Suite J  
Indianapolis, IN 46239

First Financial Bank NA  
One First Financial Plaza  
Terre Haute, IN 47807

Department of Housing & Neighborhood Health  
c/o Marion County Public Health Dept.  
3838 N. Rural Street  
Indianapolis, IN 46205

Fucheng (James) Wang  
10351 Byrne Avenue  
Cupertino, CA 95014-0000

Dept 3167 Real Page Utility Manager  
P.O. Box 2252  
Birmingham, AL 35246

Fucheng Wang and Yi-Ku Kung  
c/o Paul D. Ludwig, Esq.  
151 N. Delaware Street, Suite 1106  
Indianapolis, IN 46204

DirecTV  
Business Service Center  
P.O. Box 410347  
Charlotte, NC 28241

GB IUPUIISP, LLC  
4287 W. 96th Street  
Indianapolis, IN 46268

Gordon Food Service  
P.O. Box 1787  
Grand Rapids, MI 49501-1787

Klosterman Baking Company  
4760 Paddock Road  
Cincinnati, OH 45229

Great American Finance  
P.O. Box 660831  
Dallas, TX 75266

Koorsen Fire & Security  
2719 N. Arlington Ave.  
Indianapolis, IN 46218

Greenwalt-Monon Market  
740 W. Green Meadows Dr, Suite 320  
Greenfield, IN 46140

Lancaster Bingo Company  
200 Quarry Rd. SE  
P.O. Box 668  
Lancaster, OH 43130

Indiana Dept. of Revenue  
Bankruptcy Section, N-240  
100 N. Senate Avenue  
Indianapolis, IN 46204-0000

Lawndale Plaza  
6440 Westfield Blvd.  
Indianapolis, IN 46220

Indiana Dept. of Workforce Development  
10 N. Senate Avenue  
Room SE106  
Indianapolis, IN 46204-2277

Liberty Service, Inc.  
1005 S. Main Street  
West Milton, OH 45383

Indiana Logo Sign Group  
600 E. 96th Street, Suite 515  
Indianapolis, IN 46240-0000

Mahoney Environmental  
37458 Eagle Way  
Chicago, IL 60678

Indy Chamber  
111 Monument Circle, Suite 1950  
Indianapolis, IN 46204

Meridian Oaks Partner  
10201 N. Illinois St., Suite 275  
Indianapolis, IN 46290

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Metropolis Lifestyle Center, LLC  
c/o Christopher L. Bills, Esq.  
P.O. Box 44961  
Indianapolis, IN 46244-0961

IPL / AES  
P.O. Box 110  
Indianapolis, IN 46206

Metropolis Lifestyle Center, LLC

J L Anderson Heating & Cooling  
P.O. Box 8224  
Lafayette, IN 47903

Mister Ice of Indianapolis  
7954 E. 88th Street  
Indianapolis, IN 46256

Jasmine Stevens  
119 Elizabeth St., Unit 515  
South Bound Brook, NJ 08880

MomentFeed, Inc.  
1540 2nd Street, Suite 302  
Santa Monica, CA 90401

Keter Environment Service  
P.O. Box 417468  
Boston, MA 02241

Mr. Rooter Plumbing  
6886 Hawthorn Park Dr.  
Indianapolis, IN 46220

New Jersey Higher Education Student Assistance  
P.O. Box 544  
Trenton, NJ 08625-0544

Ragan Brackett  
6841 Fox Lake Dr. S  
Indianapolis, IN 46278

Ohio Department of Taxation  
P.O. Box 1090  
Columbus, OH 43216-1090

Ragan Brackett

Ohio Dept. of Job & Family Services  
P.O. Box 1618  
Columbus, OH 43216-1618

Rays Trash Service  
P.O. Box 1  
Clayton, IN 46118

Oracle America  
500 Oracle Parkway  
Redwood City, CA 94065

RMS - Restaurant Maintenance  
2211 W. 79th Street  
Indianapolis, IN 46260

Piazza Produce  
P.O. Box 639476  
Cincinnati, OH 45263-9476

Roto-Rooter Service  
5672 Collection Center Drive  
Chicago, IL 60693

Producer-Writers Guild of America Pension Plan  
2900 W. Alameda Avenue  
Suite 1100  
Burbank, CA 91505

Rumpke  
P.O. Box 538710  
Cincinnati, OH 45253

Producer-Writers Guild of America Pension Plan  
c/o Kraw Law Group, APC  
605 Ellis Street, Suite 200  
Mountain View, CA 94043

Scott Rand Company, LLC  
c/o Tami Hart Kirby, Esq.  
One South Main St., Suite 1600  
Dayton, OH 45402-2028

Progressive Southeastern Insurance Co.  
c/o Dentons Bingham Greenebaum, LLP  
10 W. Market Street, Suite 2700  
Indianapolis, IN 46204-0000

SP Dayton, LLC  
4287 W. 96th Street  
Indianapolis, IN 46268

Prop 58, LLC  
4287 W. 96th Street  
Indianapolis, IN 46268

SP Plainfield, LLC  
4287 W. 96th Street  
Indianapolis, IN 46268

Providence HUD, LLC  
941 N. Meridian Street  
Indianapolis, IN 46204

Spectrum / Time Warner Cable  
P.O. Box 1060  
Carol Stream, IL 60132-1060

Ragan Brackett  
6841 Fox Lake Dr. S.  
Indianapolis, IN 46278

SPSP, LLC  
4287 W. 96th Street  
Indianapolis, IN 46268

Ragan Brackett  
c/o Eric N. Engebretson, Esq.  
8250 Haverstick Rd., Suite 100  
Indianapolis, IN 46240

Sutton-Garten Company  
901 N. Senate Avenue  
Indianapolis, IN 46202

TCP River Ridge Crossing  
McCrea Property Group  
9102 N. Meridian St., Suite 230  
Indianapolis, IN 46260

Tech Electronics  
P.O. Box 66936  
St. Louis, MO 61366

THANX, LLC  
180 Redwood St., Suite 200  
San Francisco, CA 94102

The Huntington National Bank  
P.O. Box 5065  
Cleveland, OH 44101

The Huntington National Bank  
Attn: Christine S. Dunlap, Vice Pres.  
7 Easton Oval, EA4W67  
Columbus, OH 43219-0000

The Huntington National Bank  
c/o Jason R. Burke, Esq.  
101 W. Ohio Street, Suite 1700  
Indianapolis, IN 46204

U.S. Small Business Administration  
8500 Keystone Crossing, Suite 400  
Indianapolis, IN 46240

Unifi Equipment  
P.O. Box 7365  
Ann Arbor, MI 48107

Universal Advertising Associates  
2530 Civic Center Dr.  
Cincinnati, OH 45231

Vasey Commercial, Inc.  
10830 Andreade Dr.  
Zionsville, IN 46077

Vectren Energy  
P.O. Box 1423  
Houston, TX 77251

VNN, Inc.  
678 Front Ave. NW, Suite 300  
Grand Rapids, MI 49504

Whitlocks Pressure Wash  
P.O. Box 391  
Connersville, IN 47331

Writers' Guild-Industry Health Fund  
2900 W. Alameda Avenue  
Suite 1100  
Burbank, CA 91505

Writers' Guild-Industry Health Fund  
c/o Kraw Law Group, APC  
605 Ellis Street, Suite 200  
Mountain View, CA 94043

UNITED STATES BANKRUPTCY COURT  
Southern District of Indiana

In re: \_\_\_\_\_ )  
Gary Lawrence Brackett \_\_\_\_\_ )  
[Name of Debtor(s)] \_\_\_\_\_ )  
\_\_\_\_\_, \_\_\_\_\_ )  
Debtor(s). \_\_\_\_\_ )

Case No. \_\_\_\_\_  
(xx-xxxxx) Check if this form  
is submitted with an  
amended creditor list.**VERIFICATION OF CREDITOR LIST**

(I/We) declare under penalty of perjury that all entities included or to be included in Schedules D, E/F, G, and H are listed in the creditor list submitted with this verification. This includes all creditors, parties to leases and executory contracts, and codebtors.

(I/We) declare that the names and addresses of the listed entities are true and correct to the best of (my/our) knowledge.

(I/We) understand that (I/we) must file an amended creditor list and pay an amendment fee if there are entities listed on (my/our) schedules that are not included in the creditor list submitted with this verification.

Dated: 08/19/2021

/s/ Gary Lawrence Brackett  
\_\_\_\_\_  
Signature of Debtor

\_\_\_\_\_  
Signature of Joint Debtor

**(Note: Certificate of Service not required.)**

## **Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)**

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**This notice is for you if:**

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

### **Chapter 7: Liquidation**

\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
	\$338 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

### **The types of bankruptcy that are available to individuals**

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## **Chapter 11: Reorganization**

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\$1,167	filing fee
+	
\$571	administrative fee
	\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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### **Chapter 12: Repayment plan for family farmers or fishermen**

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\$200	filing fee
+                   \$78	administrative fee
<hr/>	
\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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### **Chapter 13: Repayment plan for individuals with regular income**

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\$235	filing fee
+                   \$78	administrative fee
<hr/>	
\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

# United States Bankruptcy Court

Southern District of Indiana

In re Gary Lawrence Brackett

Case No. \_\_\_\_\_

Debtor

Chapter <sup>7</sup> \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept ..... \$ .....  
Prior to the filing of this statement I have received ..... \$ .....  
Balance Due. .... \$ .....

RETAINER

For legal services, I have agreed to accept a retainer of ..... \$ <sup>0.00</sup>  
The undersigned shall bill against the retainer at an hourly rate of ..... \$ <sup>375.00</sup>  
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

Analysis of the Debtor's(s') financial situation and rendering advice to the Debtor(s) in determining whether to file a petition in bankruptcy; preparation and filing of any petition, schedules, statement of affairs and plan which may be required, pursuant to pre-petition engagement agreement with the Debtor(s).

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the Debtor(s) at the meeting of creditors. Representation of the Debtor(s) in any dischargeability actions, any other adversary proceedings, and other post-petition services as may be needed, all per engagement agreement between Debtor(s) and counsel. Total post-petition compensation shall be based upon total hours of legal services rendered at applicable attorney or legal assistant rates, plus expenses, pursuant to a written engagement letter. No post-petition retainer has been requested.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/19/2021

/s/ John Allman, 29605-49

*Date*

*Signature of Attorney*

Hester Baker Krebs LLC

*Name of law firm*

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